MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR [redacted] WITH FORM PTO-875)

SERIAL NO. 10/528752

FILING DATE

APPLICA[redacted]

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10	1					
11		1				
12		1				
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41		1				
42		1				
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49						
50						
TOTAL IND.	3	⬇		⬇		⬇
TOTAL DEP.	39	⬅		⬅		⬅
TOTAL CLAIMS	42	[redacted]		[redacted]		[redacted]

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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99						
100						
TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS		[redacted]		[redacted]		[redacted]